Continuation of Financial Assistance Request Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>HAF Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant (Last Name, First Name, MI)</td>
<td>Co-applicant (Last Name, First Name, MI)</td>
</tr>
</tbody>
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I/We, do hereby submit the following request for continued financial assistance for (check all that apply):

- Mortgage  ☐ Mortgage  ☐ Legal Fee
- Utility  ☐ GPA  ☐ GWA  ☐ GSWA
- Property  ☐ Tax Year 2020  ☐ Tax Year 2021  ☐ HOA

I/We am/are requesting for a continuation of financial assistance due to:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I/We confirm that I/we read and understand the statements listed below. (Initials required on each line)

______ I/We understand this request is for one month payment only.
______ I/We understand to submit updated required documentation to support request.
______ I/We understand payments will be made for the current month only and no advance payments will be made.
______ I/We understand the maximum amount of financial relief assistance per household is up to $15,000.
______ I/We understand once I/We reach the maximum amount I/We will no longer be able to receive financial assistance.

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.

Signature of Applicant: ___________________________ Date: ___________________
Signature of Co-applicant: ___________________________ Date: ___________________

Financial Assistance Summary (For official Use only)

Initial payment batch #: _______ Total amount of initial assistance: $ _______ Total remaining amount of assistance: $ _______

Month of request: _______________ Mortgage: $ _______ HOA: $ _______ GPA: $ _______ GWA: $ _______

GSWA: $ _______ Property Tax: $ _______ Is there remaining financial assistance? ☐ Yes ☐ No

If yes, remaining balance $ _______________

Reviewed by: ___________________________ Approved by: ___________________________ Date: ___________________________